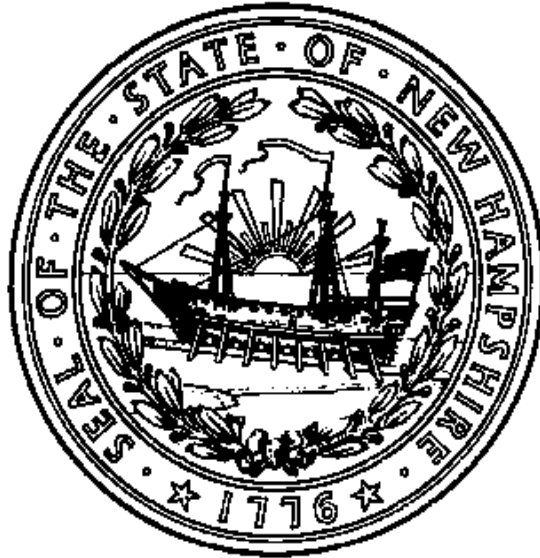


STATE OF NEW HAMPSHIRE



DEPARTMENT OF JUSTICE

S*T*O*P (Services*Training*Officers*Prosecutors) VIOLENCE AGAINST WOMEN FORMULA GRANT PROGRAM

SUBGRANT APPLICATION KIT

**THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF JUSTICE
GRANTS MANAGEMENT UNIT**

MISSION STATEMENT

The Grants Management Unit of the Department of Justice exists to make a difference in the lives of the citizens of New Hampshire by ensuring the proper use of federal funds for criminal justice purposes. The Grants Management Unit does this through:

- * the professional administration of grant resources;
- * the adherence to all underlying federal and state requirements;
- * the coordination of federal criminal justice resources available to the state; and
- * efficient service and assistance.

S*T*O*P (Services*Training*Officers*Prosecutors)
VIOLENCE AGAINST WOMEN FORMULA GRANT PROGRAM
SUBGRANT APPLICATION KIT

TABLE OF CONTENTS

This Application Kit contains all the necessary forms and instructions for completing a subgrant application for funding under the S*T*O*P Violence Against Women Formula Grant Program as administered by the N.H. Department of Justice. This grant is made available through the Violence Against Women Office, Office of Justice Programs, and U.S. Department of Justice.

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INTRODUCTION

The S*T*O*P Violence Against Women Formula Grant Program, hereinafter referred to as the VAWA Program, is designed to encourage States to develop and implement coordinated, multidisciplinary approaches to addressing domestic violence, sexual assault, and stalking.

Through the VAWA Program, States must develop and implement victim-centered strategies, through subgrant projects, that encourage law enforcement, prosecution, the judiciary, pre-trial services, probation and parole, and other components of the criminal justice system involved in the effort to end violence against women to collaborate within and among themselves, as well as with private, nonprofit victim service providers and victim advocates.

PROGRAM PURPOSES

Subgrants under the VAWA Program must meet one or more of the following purposes:

1. Training law enforcement officers, judges, other court personnel and prosecutors to more effectively identify and respond to violent crimes against women, including the crimes of sexual assault and domestic violence and dating violence.
2. Developing, training, or expanding units of law enforcement officers, judges, other court personnel, and prosecutors specifically targeting violent crimes against women, including sexual assault and domestic violence.
3. Developing and implementing more effective police, court and prosecution policies, protocols, orders, and services specifically devoted to preventing, identifying, and responding to violent crimes against women, including sexual assault and domestic violence.
4. Developing, installing, or expanding data collection and communication systems, including computerized systems, linking police, prosecutors, and courts or for the purpose of identifying and tracking arrests, protection orders, violations of protection orders, prosecutions, and convictions for violent crimes against women, including the crimes of sexual assault and domestic violence.
5. Developing, enlarging, or strengthening victim service programs, including sexual assault and domestic violence and dating violence programs; developing or improving delivery of victim services to underserved populations; providing specialized domestic violence court advocates in court where a significant number of protection orders are granted; and increasing reporting and reducing attrition rates for cases involving violent crimes against women, including crimes of sexual assault, domestic violence and dating violence.
6. Developing, enlarging, or strengthening programs addressing stalking.
7. Developing, enlarging, or strengthening programs addressing the needs and circumstances of Indian tribes dealing with violent crimes against women, including the crimes of sexual assault and domestic violence.

8. Supporting formal and informal statewide, multidisciplinary efforts, to the extent not supported by state funds, to coordinate the response of state law enforcement agencies, prosecutors, courts, victim services agencies, and other state agencies and departments, to violent crimes against women, including the crimes of sexual assault, domestic violence and dating violence.
9. Training of sexual assault forensic medical personnel examiners in the collection and preservation of evidence, analysis, prevention, and providing expert testimony and treatment of trauma related to sexual assault.
10. Developing, enlarging, or strengthening programs to assist law enforcement, prosecutors, courts, and others to address the needs and circumstances of older and disabled women who are victims of domestic violence or sexual assault, including recognizing, investigating, and prosecuting instances of such violence or assault and targeting outreach and support, counseling, and other victim services to such older and disabled individuals.
11. Providing assistance to victims of domestic violence and sexual assault in immigration matters.

APPLICATION PROCESS

In order to receive consideration, a grant application package must include all of the following components.

A. COVER PAGE

Please complete the cover page, provided as Appendix A, with the appropriate information. The names listed on this cover page and the signatures provided on these application package forms should be that of the head of the unit of government, director of the public department or agency, or other person legally authorized to submit and accept grants on behalf of the unit of government, public department or agency. The Grant Starting Date should be the expected start date of the grant award and the Program Implementation Date should be the expected start date of the grant program. Programs should be implemented within ninety-days (90) of the Grant Starting Date.

B. APPLICATION NARRATIVE

The Application Narrative, provided as Appendix B, should be sufficiently detailed to address the items listed below, but concise enough to present this information within a format of 5 pages or less.

1. Problem Statement

This section should describe the nature and extent of the problem to be addressed and improvements needed to address the problem. The purpose of this section of the Application Narrative is to develop a clear, concise picture of the problem or gap in services or benefits that will be addressed using grant funds. This section also should describe approaches taken thus far to address the problem. The description of the problem should be supported by an analysis of statistical

information and/or other factual information or relevant literature. The sources or methods used for assessing the problem also should be listed and described.

2. Program Description

This section should provide a brief description of the proposed solution to the problem. It should discuss both the scope and intent of the program and its relationship to the priorities and goals of your strategy. In this section, please describe the applicant agency; i.e. the types and number of victims being served, the types of direct services being offered, and the number of volunteers and total hours donated. If there are salaried positions sought in this grant program, please describe the allowable direct service functions under VAWA for these positions.

3. Goals, Objectives, Activities, and Performance Measures

This section should contain a separate discussion of each of the program goals and its accompanying objectives, activities, and performance measures. The goals are general statements of the desired results or outcome of the program. They should address the problem identified in the problem statement. The goals should be both realistic and achievable.

The objectives are specific approaches to achieving each of the goals. Objectives focus on the methods that will be used to address the problem; they should be clearly stated, realistic, and measurable. The accomplishment of objectives should result in the achievement of the goals they support.

The activities are performed to accomplish the objectives; they are the key operational elements of the program and must be specific and measurable.

Performance measures are used to determine the impact of the activities. They provide quantifiable information on the status of achievement for each objective. Performance measures clearly indicate whether or not the objective has been achieved, or, using gradations or increments, measure the degree to which the objective has been accomplished.

Within the Application Narrative, each goal should be presented with all of its accompanying objectives and key activities. Each objective must also be linked to one or more corresponding performance measures, which must be clearly identified, results oriented, and reasonably attainable.

A very simplified example of this format would be as follows:

Example:

Goal 1: To continue to provide direct services to victims of sexual assault.

Objective 1: To continue to have specialized personnel available to assist victims of sexual assault.

Activities: In order to achieve our stated goal and objective we plan to continue to fund our victim advocate to assist victims of sexual assault.

Performance Measures: An actual measure of achievement of this goal and objective would be the number of victims served by this victim advocate. A quantitative measure of achievement would be the victim's satisfaction of the services provided by the victim advocate.

4. Reporting, Monitoring, and Evaluation Methods

This section of the Application Narrative should indicate how your agency will assess the overall program and determine whether the program funded is achieving, or has achieved the program's goals and objectives.

C. BUDGET

A VAWA Budget form is attached as Appendix C. Federal Funds for VAWA programs must be used to supplement, not supplant, existing subgrantee programs and services. VAWA funds may only be used to support allowable VAWA activities. Any portion of overhead costs such as rent, utilities, and equipment that is used for unallowable VAWA activities must be supported by other funding sources. VAWA grants require a matching CASH and/or IN-KIND contribution of 25% of the Total Budget (Total Budget equals the Federal amount requested plus the match amount). Match can also be calculated by taking 1/3 of the "Federal Funds" requested. The source of non-federal match is governed by OJP's "Financial Guide". All funds designated as match are restricted to the same uses as the grant funds and must be expended within the grant period. A match must be identified in a manner that guarantees its accountability during an audit. NOTE: Federal funds or match from one grant source MAY NEVER BE USED as federal funds or match on another federal grant program.

NOTE: Cost per square foot on office space is no longer an appropriate way to calculate in-kind match on space unless the space is actually rented from an "arms length" third party. See "5. Facility Cost" below.

BUDGET ITEMIZATION:

The numbers in the "Total Budget" column must always be equal to the sum of the "Federal Funds" and "Matching Contribution" columns. The "GRAND TOTALS" must be the sum of the subtotals for the seven sections (A. - G.).

1. Personnel: List all job titles for which funds are being requested, showing the total annual salary for the position, the percentage of time for the position that will be spent on VAWA allowable activities, the amount of salary to be devoted to this program (annual salary x percent time), the amount of federal funds requested for the position for this program. Recipients of VAWA grant funds for personnel positions are required to maintain detailed, hourly, time and attendance records for every personnel position funded (partially or fully) under this grant program and volunteers if their hours are used for In-Kind match. Records must specify the dates of service, types of services performed and the number of hours worked performing these services. The records must also differentiate allowable vs. non-allowable services. These records will be subject to review by the New Hampshire Department of Justice during regular monitoring visits.

2. Fringe Benefits: Itemize fringe benefits (medical coverage, etc.) and show the total cost for the program and the amounts to be contributed by the federal funds and matching contributions.
3. Contractual Services: List any consultants or contractual services to be purchased, the number of hours/days to be worked, the hourly/daily rate, the total cost, and the amounts to be contributed by federal dollars and matching contributions.
4. Travel: List projected in-state mileage, rate of reimbursement (\$.365), total mileage cost, and amounts to be contributed by the federal dollars and other sources. Also list any projected out-of-state travel such as conferences.
5. Facility Cost: Cost per square foot is not an allowable method to calculate in-kind match on space unless the space is actually rented from an “arms length” third party. If that is not the case, the in-kind match must be calculated on an actual cost of ownership basis. This includes the square foot percentage share of actual costs such as maintenance, utilities, janitorial and depreciation. Cash facility expenses such as rent and utilities cannot exceed the pro rata share of the funded program to the overall agency budget.
6. Other Costs: This may include items such as postage, evidence, telephone, printing, and office supplies. List each item separately, except that individual supplies need not be itemized.
7. Equipment Purchases: List any equipment to be purchased and show the total budget and the amounts to be contributed by matching funds.

GRAND TOTALS:

Total each of the three columns. Each of the columns should equal the sum of the Subtotals for the seven budget categories in that column. “Total Budget” column must equal the sum of the “Federal Funds” and “Matching Contribution” columns.

D. BUDGET NARRATIVE

The VAWA budget narrative form is attached as **Appendix D**. The budget narrative should provide the justification for the expenses itemized in the budget. For each of your budget categories, provide a brief narrative explaining and justifying the itemized expenses. For example, for the Personnel category, list the personnel, their program job functions, and any pertinent explanatory information. Include in the narrative a breakdown of the source (whether value of In-Kind or Cash) and the amount of your proposed matching funds and an explanation of the In-Kind Match and how its cash value was calculated. In-Kind Match is donated services, which the agency does not pay for.

E. AGENCY BOARD OF DIRECTORS

If the applicant agency is a non-profit, non-governmental agency, please provide a list of the Board of Directors, and include a copy of your most recent IRS Form 990 with your application submittal.

F. VAWA PROGRAM GUIDELINES AND CONDITIONS

VAWA Program Guidelines and Conditions are attached as Appendix E. If VAWA grant funds are awarded for the program described in this application package, adherence to the program guidelines and conditions listed in this form will be required during the administration of the grant. Signatures provided on these forms should be that of the head of the unit of government, director of the public department or agency, or another person legally authorized to submit and accept grants on behalf of the unit of government, public department or agency. These guidelines are revised each year to ensure compliance with any changing Federal requirements, please read them carefully and completely.

G. CERTIFICATION REGARDING DEBARMENT, SUSPENSION INELIGIBILITY, AND VOLUNTARY EXCLUSION

A Debarment Certification form is attached as Appendix F. A person may be debarred or suspended for any of the causes listed in 28 CFR §67.305 and §67.405. A person who is debarred or suspended shall be excluded from Federal financial and non-financial assistance and benefits under Federal programs and activities. Debarment or suspension of a participant in a program by one Federal agency shall have governmentwide effect. For purposes of this certification, "prospective lower tier participant" shall refer to the subgrantee.

Instructions for Certification:

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification as set out.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the Non procurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

H. SUBGRANT AWARD REPORT

A subgrant award report is attached as Appendix G. Subgrant award report information is required of all VAWA Program subgrant projects. This form must be completed as part of the application package.

I. APPLICATION CHECKLIST

Please complete and return the application checklist, attached as Appendix H, with the application package to ensure that all necessary items have been submitted. NOTE: Non-profit agencies must include their most current IRS Form 990 with their application.

J. ANNUAL SUBGRANT PERFORMANCE REPORT

An annual Subgrant Performance Report has been included in this package as Appendix I, for informational purposes only. This form does not need to be completed with your application package. Each VAWA Program subgrantee is required to submit an annual performance report on October 5th of each year for the previous calendar year (i.e. a report would be filed on October 5, 2003 for the period January 1, 2002 – December 31, 2002). A performance report form is completed if a grant is open during any period of that calendar year. Please ensure that procedures are in place to capture the appropriate information during your grant award period to be able to complete this form.

K. SUBMISSION

Please submit the original and one copy of the completed application package to:

Susan H. Dearborn, VAWA Grant Manager
Grants Management Unit
New Hampshire Department of Justice
33 Capitol Street
Concord, NH 03301

If you have any questions regarding this application kit or the application process, please feel free to contact Susan Dearborn at 271-8091 or E-mail: sdearborn@doj.state.nh.us. For general grants information you may access our Webpage at www.state.nh.us/doj/grants.

APPENDIX A



STATE OF NEW HAMPSHIRE
DEPARTMENT OF JUSTICE

S*T*O*P VAWA GRANT APPLICATION
COVER PAGE

- a) Program Title _____
- b) Grant Starting Date _____ Ending Date _____
- c) Program Implementation Date _____ d) Federal Funds Requested \$ _____
- e) Agency Name _____
- f) Head of Agency
Name _____ Title _____

(e-mail address) (telephone number)
- g) Program Director
Name _____ Title _____
Address _____

(e-mail address) (telephone number)
- h) Fiscal Officer
Name _____ Title _____
Address _____

(e-mail address) (telephone number)
- i) Address of centralized location of financial records (if other than fiscal officer)
Address _____

APPENDIX B

B. APPLICATION NARRATIVE

Please use this form in providing the following information. If the space provided is insufficient, attach supplemental sheets referencing by number, the section of the narrative to which it applies. Please pay careful attention to the instructions and format governing the completion of the Application Narrative, particularly the “Goals, Objectives, Activities, and Performance Measures” section.

1. Problem Statement

2. Program Description

3. Goals, Objectives, Activities and Performance Measures

4. Reporting, Monitoring and Evaluation Methods

APPENDIX C

Department of Justice Grant Application

BUDGET ITEMIZATION

Program Name:

[illegible]

Department of Justice Grant Application

BUDGET ITEMIZATION (CONT'D)

Program Name:

C. TRAVEL	Federal Funds	Matching Contribution	Total Budget
Subtotals			
D. FACILITY COST			
Subtotals			
E. OTHER COSTS			
Subtotals			
F. EQUIPMENT PURCHASES (Description, Quantity, Unit Price)			
Subtotals			
GRAND TOTALS			

APPENDIX D

Department of Justice Grant Application

BUDGET NARRATIVE

Program Name:

Subgrant Match:

{**REMINDER:** In-kind match contribution is something that is donated. If money is being paid for the match item or service, then it must be considered cash match. Federal funds from one grant source **MAY NEVER BE USED** as match on another federal grant program.}

- | | | |
|----|-------------------------|----------|
| a. | Value of In-Kind Match: | \$ _____ |
| b. | Cash Match: | \$ _____ |
| c. | Total Match: | \$ _____ |

Source of Matching Funds:

Budget Narrative:

APPENDIX E

VAWA PROGRAM GUIDELINES AND CONDITIONS

I, the below-named individual, on behalf of the below-named agency (hereinafter referred to as “subgrantee”), am legally authorized to submit and accept grants on behalf of the applicant agency, and hereby certify that the grant program outlined in this application package, if funded by STOP Violence Against Women formula grant funds, will adhere to the following guidelines and conditions:

1. The subgrantee assures that it will comply with the applicable provisions of the Violence Against Women Act, which was enacted by Title IV of the Violent Crime Control and Law Enforcement Act of 1994, Pub.L. No. 103-322; the Violence Against Women Act of 2000, enacted as Division B of the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. No. 106-386; and the STOP Violence Against Women Formula Grant Program Regulations, 28 C.F.R. Ch. 1 §90.1-90.24.

2. The subgrantee agrees to adhere to the financial and administrative requirements as set forth in the current edition of the Office of Justice Programs “Financial Guide”.

3. The subgrantee agrees to provide information on the program supported with VAWA grant funds as requested by the United States Department of Justice and the New Hampshire Department of Justice, Grants Management Unit, and to retain grant-related documentation for 3 year after the close of the grant award period. The subgrantee agrees to track and report the data required for the annual VAWA subgrant performance report.

4. The subgrantee authorizes representatives from the United States Department of Justice and the New Hampshire Department of Justice to access and examine all records, books, papers, and/or documents related to this VAWA grant program. Further, the subgrantee agrees to submit to performance monitoring visits by the New Hampshire Department of Justice and/or the United States Department of Justice on a periodic basis.

5. The subgrantee agrees to implement this project within ninety-days (90) following the grant implementation date (stated on the cover page of the application) or be subject to automatic cancellation of the grant. Evidence of project implementation must be outlined in the first quarterly financial expenditure report.

6. The subgrantee assures that federal funds received for this grant program will not be used to supplant State and local funds that would otherwise be available for the program’s purpose.

7. The subgrantee agrees that all VAWA funds will be expended on VAWA allowable activities as described in the subgrantee’s program abstract narrative. The subgrantee must obtain prior written approval from the New Hampshire Department of Justice in order to make any changes in project activities, designs or budget plans which were set forth in the subgrantee’s application.

8. The subgrantee agrees to maintain detailed time and attendance records for any and all personnel positions funded by VAWA (federal and match) if 100% of the person’s job is not 100% VAWA allowable, and for all volunteers where the volunteer hours are used as In-Kind match. If time and attendance records are required, they must be used as the basis for declaring personnel related expenses on the grant.

VAWA PROGRAM GUIDELINES AND CONDITIONS (Continued)

9. Equipment purchased with VAWA funds shall be year 2000 compliant and shall be listed by the subgrantee on the agency inventory. The inventory must include the item description, serial number, cost, location, and percentage of federal VAWA funds.

10. The subgrantee agrees that the title to any equipment purchased with VAWA funds will revert back to the New Hampshire Department of Justice, Grants Management Unit, when it is no longer being used for the VAWA program purposes for which it was acquired.

11. The subgrantee agrees that if their agency has an audit performed a copy of that audit complete with any management letters will be forwarded to the New Hampshire Department of Justice, Grants Management Unit for review.

12. The subgrantee and all its contractors will comply, with the nondiscrimination requirements of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, 42 USC 3789 (d), or Victims of Crime Act (as appropriate); Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title II of the Americans With Disabilities Act (ADA) (1990); Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; Department of Justice Non-Discrimination Regulations, 28 CFR Part 42, Subparts C, D, E, and G; and Department of Justice regulations on disability discriminations, 28 CFR Part 35 and Part 39.

13. The subgrantee assures that in the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing against the subgrantee on the grounds of race, religion, national origin, sex, age, or disability, a copy of the finding will be submitted to the New Hampshire Department of Justice, Grants Management Unit for forwarding to the Office of Civil Rights for the Office of Justice Programs.

14. The subgrantee agrees to complete and keep on file, as appropriate, the Immigration and Naturalization Service Employment Eligibility Form (I-9). This form is to be used by the subgrantee to verify that persons employed by the subgrantee are eligible to work in the United States.

VAWA PROGRAM GUIDELINES AND CONDITIONS (Continued)

15. The subgrantee assures that no Federal appropriated funds have been paid or will be paid, by or on behalf of the subgrantee, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the subgrantee shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

16. Pursuant to 23 USC §§402, 403 and 29 USC §668, the subgrantee agrees to encourage on-the-job seat belt policies and programs for their employees and contractors when operating company-owned, rented, or personally owned vehicles.

17. All materials publicizing or resulting from award activities shall contain an acknowledgment of the awarding agency assistance. An acknowledgment of support shall be made through use of the following or comparable footnote: "This project was supported by Award No. _____ awarded by the Violence Against Women Grants Office, Office of Justice Programs and administered through the New Hampshire Department of Justice."

18. Any publications (written, visual or sound), whether published through Federal grant funds or matching funds, shall contain the following statements: "This project was supported by Grant No. _____ awarded by the Violence Against Women Grants Office, Office of Justice Programs, and U.S. Department of Justice. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

19. Grants are funded for the grant award period noted on the grant award document. No guarantee is given or implied of subsequent funding in future years.

20. The subgrantee agrees to maintain confidentiality of client-counselor information, as required by state and federal law.

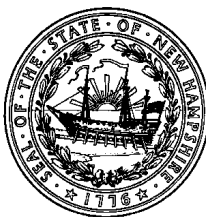
Name and Title of Authorized Representative

Signature Date

Name and Address of Agency

APPENDIX F

DEPARTMENT OF JUSTICE
STATE OF NEW HAMPSHIRE



CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY
AND VOLUNTARY EXCLUSION
LOWER TIER COVERED TRANSACTIONS

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 28 CFR §67.510, Participants' responsibilities. The intent of this Order was to ensure that no recipient of federal funds had been restricted from conducting business with the federal government due to any of the causes listed in 28 CFR §67.305 and 28 CFR §67.405.

By signing this document, you are certifying that neither your agency, nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any transaction by any Federal department or agency.

If you are unable to sign this certification, you must attach an explanation to this certification.

Name and Title of Authorized Representative

Signature

Date

Name and Address of Agency

APPENDIX G



U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS

**SUBGRANT AWARD and PERFORMANCE
REPORT**

STOP VIOLENCE AGAINST WOMEN FORMULA GRANT PROGRAM

1. Reporting Information:

smaller font, final version 8/98

A. Date of Report: ____/____/____

B. Type of Report: (Please check all that apply.)

☐ Report of new subgrant award -- **Complete Part 1.**

☐ Report of continuation subgrant award -- **Complete Part 1.**

☐ Performance report for an ongoing or completed project -- **Provide identifying information in Part 1 (questions 2, 3, and 5) and complete Part 2 as appropriate.**

C. Original State Subgrant Number Assigned to New Award:

PART 1: AWARD INFORMATION to be reported on new and continuation awards, and for identifying projects when reporting performance information.

2. State Information:

A. State: _____

B. State Agency: _____

C. Federal Grant Number: _____

3. Subgrantee Information:

A. Agency Name: _____

Address: _____

B. Agency Administrator: _____

Telephone: _____

Fax Number: _____

E-Mail Address: _____

C. Subgrant Contact: _____

Telephone: _____ Fax Number: _____

E-Mail Address: _____

4. Type of Subgrantee Agency: (Please check **only one**.)

A. Criminal Justice System Agencies:

- ☐ Law Enforcement
☐ Prosecution
☐ Courts
☐ Probation, Parole, or other Correctional Agency

☐ Also check here **if** Victim Service Unit/Office within the criminal justice agency is the funding recipient

B. Other Types of Agencies:

- ☐ Nonprofit, Nongovernmental Victim Services
☐ Government Victim Services
☐ State Administrative Agency
☐ Tribal Government
☐ Professional Association
☐ Multi-Agency Team or Consortium: Please indicate the types of

agencies involved in the team/consortium: _____

☐ Other: _____

5. Information on Subgrant Award:

A. Subgrant Project Title: _____

B. Current Project Period: Effective Date ____/____/____ End Date ____/____/____

C. Please provide a very brief (one or two sentences) description of this project's purposes or goals and activities, to appear on the Office of Justice Programs web site:

6. Subgrant Project Funding:

A. From which Federal Fiscal Year(s) funds was this award made? (Please check all that apply.)

☐ 1996 ☐ 1997 ☐ 1998 ☐ 1999 ☐ 2000

B. Current state subgrant number: _____

C. Current STOP amount: \$ _____

Amount from each category: Law enforcement: \$ _____ Victim Services: \$ _____

Prosecution: \$ _____ Discretionary: \$ _____

D. Current total of **matching cash** funds, if any: \$ _____

Current total of **matching in-kind** funds, if any: \$ _____

E. Please report all supplemental funding for **this project** (besides the STOP funds and the matching funds), which you have not reported previously. A *project* is the specific goals and activities to be accomplished with STOP funding, as discussed in detail on the first page of the Instructions. When you are reporting funds, which will support the project for multiple years, or for time periods beyond this reporting period, you may either report the entire amount of the supplemental funds or prorate them to fit this reporting period, as you choose. Because time periods will vary across supplemental funding sources and across subgrant projects, we **must** know what time period is covered by each supplemental funding amount reported. For each supplemental funding source listed below, please provide both **the amount and the time period** of other, non-STOP funding which supports this project.

Funding Amount	Effective Date	End Date
Federal funds:		
Other VAWA funds, such as rural or arrest policies: \$ _____	____/____/____	____/____/____
VOCA funds: \$ _____	____/____/____	____/____/____
FVPSA fund: \$ _____	____/____/____	____/____/____
Other Dept. of Justice funds, such as Byrne, \$ _____	____/____/____	____/____/____
COPS, etc.: _____	____/____/____	____/____/____
PHHSBG sexual assault funds: \$ _____	____/____/____	____/____/____
Other federal funds \$ _____	____/____/____	____/____/____
Non-federal funds:		
State funds: \$ _____	____/____/____	____/____/____
Local government funds: \$ _____	____/____/____	____/____/____
Private funds: \$ _____	____/____/____	____/____/____
Other funds: \$ _____	____/____/____	____/____/____

7. Project's Purpose Area(s): (Please check all that apply. **If** the project has multiple purpose areas, please indicate the approximate percent of effort committed to each purpose area checked.)

- | | |
|--|--|
| <input type="checkbox"/> Training : _____ % | <input type="checkbox"/> Victim services: _____ % |
| <input type="checkbox"/> Special unit: _____ % | <input type="checkbox"/> Stalking: _____ % |
| <input type="checkbox"/> Policies, protocols, orders and services: _____ % | <input type="checkbox"/> Indian populations: _____ % |
| <input type="checkbox"/> Data/communications systems: _____ % | <input type="checkbox"/> Other: _____ % |

8. Type of Crime the Project Focuses On: (Please check all that apply. **If** the project has multiple focuses, please indicate the approximate percent of effort committed to each type of crime checked.)

- ☐ Domestic Violence: _____ % ☐ Stalking : _____ % ☐ Sexual Assault: _____ %

9. Who is **directly** attending, using, or receiving project services or activities? (Please check all that apply.)

- ☐ Law Enforcement
- ☐ Prosecution
- ☐ Court Personnel (judges, magistrates, clerks, etc.)
- ☐ Probation, Parole, and other Corrections
- ☐ Victims
- ☐ Offenders (e.g., batterer intervention programs)
- ☐ Children or Youth (e.g., children of battered women residing in a shelter)
- ☐ The General Public (e.g., public education or awareness designed to enhance services to women)
- ☐ Private Non-Profit Victim Service Providers
- ☐ Public Sector Victim Service Providers
- ☐ Health Care Providers
- ☐ Other Service Providers (e.g., mental health, housing, social service providers, child protection, etc.)
- ☐ Other:

10. Type of Service or Activity Provided by the Project: (Please check all that apply.)

A. Victim Services:

- ☐ Direct services for victims designed to meet personal needs through counseling, therapy, safety planning, shelter, education/awareness, etc.
- ☐ Individual case advocacy for specific victims focused on helping them through the criminal and civil justice systems or other systems such as financial aid, housing, employment, health care, etc.
- ☐ Systems change advocacy (not related to individual victims) focused on promoting changes in justice and other systems to benefit all victims in general
- ☐ Other:

B. Expanding Agency Capacity:

- ☐ Increase staffing
- ☐ Purchase equipment or supplies
- ☐ Develop resource materials (e.g., notice of victims= rights or services, officers= or prosecutors= handbook, bench book, materials translated into another language, etc.)
- ☐ Offer new services or improve existing services
- ☐ Enhance staff skills
- ☐ Other:

C. Enhancing System wide Capacity in the Community or State:

- ☐ Needs or resource assessment/planning
- ☐ Provide technical assistance to other agencies
- ☐ Enhance coordination/communication on a larger community or system-wide basis **within disciplines** (e.g., a project to establish a state-wide coalition of sexual assault victim service providers.)
- ☐ Enhance coordination/communication on a larger community or system-wide basis **across disciplines** (e.g., a project to support a multidisciplinary coordinated community response in a city or county.)
- ☐ Evaluate STOP subgrant activities
- ☐ Other:

11. Scope of Project: (Please check **only one**.)

- ☐ State-wide or Territory-wide ☐ Regional ☐ County ☐ Local (city or town) ☐ Indian Tribe

☐ Other:

If state-wide or territory-wide is checked above, proceed to the next question. Otherwise, please provide the name or a description of the geographic area(s) to be served:

12. Please indicate which populations are considered underserved in the city, county, region, tribal area, or other area to be served **by this project**: (Please check all that apply.)

- ☐ There are no underserved populations in this geographic area. (If this is checked, you may skip to number 15.)

A. Geographic Location:

- ☐ Rural area
- ☐ Tribal area
- ☐ Underserved urban area

☐ Other: _____

C. Non-English Speaking:

- ☐ Spanish-speaking
- ☐ Speakers of an Asian language

☐ Other non-English language: _____

B. Racial/Ethnic Population:

- ☐ African-American
- ☐ Asian-American
- ☐ Pacific Islander
- ☐ Hispanic
- ☐ Native American

☐ Other: _____

D. Special Needs:

- ☐ Mentally/emotionally challenged women
- ☐ Physically/medically challenged women
- ☐ Older women
- ☐ Migrant farm workers
- ☐ Lesbians
- ☐ Immigrants

☐ Women at risk (e.g., incarcerated, prostitutes, substance abusers, etc.)

☐ Other:

13. Will this project **emphasize** -- *make specific efforts to reach or serve* -- an underserved population?

☐ NO (If this is checked, you may skip to number 15.)

☐ YES - the project will emphasize the following underserved population classifications: (Please check all that apply.)

A. Geographic Location:

- ☐ Rural area
- ☐ Tribal area
- ☐ Underserved urban area

☐ Other: _____

C. Non-English Speaking:

- ☐ Spanish-speaking
- ☐ Speakers of an Asian language

☐ Other non-English language: _____

B. Racial/Ethnic Population:

- ☐ African-American
- ☐ Asian-American
- ☐ Pacific Islander
- ☐ Hispanic
- ☐ Native American

☐ Other: _____

D. Special Needs:

- ☐ Mentally/emotionally challenged women
- ☐ Physically/medically challenged women
- ☐ Older women
- ☐ Migrant farm workers
- ☐ Lesbians
- ☐ Immigrants

☐ Women at risk (e.g., incarcerated, prostitutes, substance abusers, etc.)

☐ Other: _____

14. Which of the following methods will be used to reach or serve underserved populations? (Please check all that apply.)

- ☐ Members of the population will be hired or used as staff or volunteers
- ☐ Staff or volunteers who speak the populations language will be hired or used
- ☐ Materials in the appropriate language (including Braille and TTY services) will be provided to members of the population
- ☐ Special outreach efforts will be made to reach members of the population, such as opening satellite offices
- ☐ Staff or volunteers will receive training to increase cultural competence, such as training in norms and values of the relevant population
- ☐ Special services tailored to their unique needs and appropriate to their culture will be provided to members of the population
- ☐ The subgrantee agency or its affiliates will build partnerships with other agencies that serve or represent the population
- ☐ The subgrantee agency or its affiliate is an agency that serves or represents the population

☐ Other: _____

15. Full Faith and Credit Issues:

Does this project address **intrastate** enforcement of protection orders -- enforcement across the localities or tribes within a state? ☐ Yes ☐ No

Does this project address **interstate** enforcement of protection orders - enforcement across the localities or tribes of different states? ☐ Yes ☐ No

16. Project Evaluation

A. Who is evaluating the effectiveness of the project: (Please check all that apply.)

- ☐ State agency awarding subgrant
- ☐ Subgrantee agency personnel
- ☐ Independent evaluators

B. How is the effectiveness of the project being evaluated: (Please check all that apply.)

- ☐ Review of subgrantee reports, phone contacts, and/or site visits for monitoring purposes
- ☐ Collection and analysis of statistical systems data (e.g., arrest reports)
- ☐ Obtaining feedback on immediate impact before participants, attendees, users, or recipients leave the site of the service, training, etc.
- ☐ Obtaining feedback on longer-term impact on victims.
- ☐ Obtaining feedback on longer-term impact on professionals, agencies, coordination among agencies, etc.

☐ Other: _____

APPENDIX H

APPLICATION CHECKLIST

Please be sure that the following sections are completed and returned with your VAWA grant application. Please include a completed copy of this checklist in your application.

- _____ **COVER PAGE**
- _____ **APPLICATION NARRATIVE
(with additional sheets if necessary)**
- _____ **BUDGET ITEMIZATION**
- _____ **BUDGET NARRATIVE**
- _____ **AGENCY BOARD OF DIRECTORS (non-profits only)**
- _____ **SIGNED VAWA PROGRAM GUIDELINES AND CONDITIONS**
- _____ **SIGNED CERTIFICATION REGARDING DEBARMENT,
SUSPENSION INELIGIBILITY, AND VOLUNTARY EXCLUSION**
- _____ **SUBGRANT AWARD REPORT**
- _____ **IRS FORM 990 FOR NON-PROFIT AGENCIES (non-profits only)**
- _____ **MOST RECENT AUDIT REPORT AND MANAGEMENT LETTERS**
- _____ **APPLICATION CHECKLIST**

APPENDIX I

U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS



SUBGRANT AWARD and PERFORMANCE
REPORT

STOP VIOLENCE AGAINST WOMEN FORMULA GRANT PROGRAM

1. Reporting Information:

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A. Date of Report: ____/____/____

B. Type of Report: (Please check all that apply.)

- ☐ Report of new subgrant award -- **Complete Part 1.**
☐ Report of continuation subgrant award -- **Complete Part 1.**
☐ Performance report for an ongoing or completed project -- **Provide identifying information in Part 1 (questions 2, 3, and 5) and complete Part 2 as appropriate.**

C. Original State Subgrant Number Assigned to New Award:

PART 1: AWARD INFORMATION to be reported on new and continuation awards, and for identifying projects when reporting performance information.

2. State Information:

A. State: _____

B. State Agency: _____

C. Federal Grant Number: _____

3. Subgrantee Information:

A. Agency Name: _____

Address: _____

B. Agency Administrator: _____

Telephone: _____

Fax Number: _____

E-Mail Address: _____

C. Subgrant Contact: _____

Telephone: _____

Fax Number: _____

E-Mail Address: _____

4. Type of Subgrantee Agency: (Please check **only one**.)

A. Criminal Justice System Agencies:

- ☐ Law Enforcement
- ☐ Prosecution
- ☐ Courts
- ☐ Probation, Parole, or other Correctional Agency

☐ Also ck here **if** Victim Service Unit/Office within the criminal justice agency is the funding recipient

☐ Other

B. Other Types of Agencies:

- ☐ Nonprofit, Nongovernmental Victim erVICES
- ☐ Government Victim Services
- ☐ State Administrative Agency
- ☐ Tribal Government
- ☐ Professional Association
- ☐ Multi-Agency Team or Consortium: Please indicate the types of

agencies involved in the team/consortium: _____

_____:

5. Information on Subgrant Award:

A. Subgrant Project Title: _____

B. Current Project Period: Effective Date ____/____/____ End Date ____/____/____

C. Please provide a very brief (one or two sentences) description of this projects purposes or goals and activities, to appear on the Office of Justice Programs web site:

6. Subgrant Project Funding:

A. From which Federal Fiscal Year(s) funds was this award made? (Please check all that apply.)

☐ 1996 ☐ 1997 ☐ 1998 ☐ 1999 ☐ 2000

B. Current state subgrant number: _____

C. Current STOP amount: \$ _____

Amount from each category: Law enforcement:\$ _____ Victim Services:\$ _____

Prosecution: \$ _____ Discretionary: \$ _____

D. Current total of **matching cash** funds, if any:\$ _____

Current total of **matching in-kind** funds, if any:\$ _____

PART 2: PERFORMANCE INFORMATION to be reported annually for subgrant projects that have not reported all activities through the final project end date.

*You may use whatever reporting timeframe best suits each projects recordkeeping system and will allow you to provide the most up-to-date information available since the last time performance information was reported. Since different projects will use different timeframes, we **must** know what the timeframe is for each project. Please provide the beginning date and the ending date you are using for reporting performance information at this time:*

Beginning Date ____/____/____

Ending Date ____/____/____

17. Characteristics of Victims Receiving Direct Services. Subgrant projects that did NOT provide direct services to victims may skip to number 18.

A. Total number of victims (primary and secondary) served by this project during the reporting period (counting each victim only once): _____

B. Report by type of victimization the total number of victims served in this reporting period. If a victim suffered multiple types of victimization, please include him/her under each appropriate category. This means the total number of victims reported here may sum to more than the total number reported in A.

_____ Primary victims _____ Secondary victims _____ Type of victimization unknown

C. Report by gender the total number of victims served in this reporting period (which must sum to the total given in A):

_____ Female victims _____ Male victims _____ Victims of unknown gender

D. Report by age grouping the total number of victims served in this reporting period (which must sum to the total given in A):

_____ 12 or under _____ 26-40 _____ Victims of unknown age grouping

_____ 13-17 _____ 41-60

_____ 18-25 _____ 61+

E. Please report the total number of victims served in this reporting period by type of crime. If a victim suffered multiple types of crime, please include her/him under each appropriate category. This means the total number of victims reported here may sum to more than the total number reported in A.

_____ Sexual assault _____ Domestic violence _____ Stalking _____ Type of crime unknown

F. If you served victims of sexual assault, please report the total number of sexual assault victims by type of sexual assault. If a victim suffered multiple types of sexual assault, please include her under each appropriate category. This means the total number of victims reported here may sum to more than the total number reported under sexual assault in F.

_____ Adults sexually assaulted as children _____ Type of sexual assault unknown

_____ Victims of sexual assaults suffered as adults or adolescents

G. Please report the total number of victims served in this reporting period by victim/offender relationship. If a victim was victimized by perpetrators in multiple categories, please include her/him under each category. This means the total number of victims reported here may sum to more than the total number reported in A.

_____ Victims related to offenders (by blood, marriage, or former marriage)

_____ Victims currently or formerly in other intimate relationships with offenders (boyfriend/girlfriend, living or lived together, have a child in common, etc.)

_____ Victims acquainted with offenders (friends, neighbors, coworkers, schoolmates, roommates, etc.)

_____ Victims unknown to offenders (strangers)

_____ Type of relationship unknown

H. How many victims representing underserved populations were served in this reporting period? AUnderserved populations≡ are defined by geographic location, racial/ethnic group, foreign language, or other special needs. Please count victims who represent several underserved populations only once. This number must be less than or equal to the total number of victims reported in A.

_____ Number of victims representing underserved populations

I. Please report these victims by the underserved populations they represent. If a victim represents more than one category below, then count her/him in each applicable category. This means the total number of victims reported below may not add up to the total number reported in H.

Geographic Location:	Racial/Ethnic Groups	Non-English Speaking:	Other Special Needs:
_____ Rural	_____ African-American	_____ Spanish-speaking	_____ Mentally/emotionally challenged
_____ Tribal	_____ Asian-America	_____ Asian languages	_____ Physically/medically challenged
_____ Underserved urban	_____ Pacific Islander	_____ Other non- English speaking	
_____ Other	_____ Hispanic		_____ Older women
	_____ Native American		_____ Migrant farm workers
	_____ Other		_____ Lesbians
			_____ Immigrants
			_____ Women at risk (e.g., incarcerated, prostitutes, substance abusers, etc.)
			_____ Other

A. Please indicate the profession(s) of personnel involved in developing or delivering the training: (Please check all that apply.)

<input type="checkbox"/> Law enforcement	<input type="checkbox"/> Corrections (probation, parole, jails, prisons)	<input type="checkbox"/> Health care providers
<input type="checkbox"/> Prosecution	<input type="checkbox"/> Private, non-profit victim services	<input type="checkbox"/> Other service providers (e.g., mental health, housing, child protection, other social services, etc.)
<input type="checkbox"/> Courts	<input type="checkbox"/> Public sector victim services	

☐ Other: _____

B. Total number of personnel trained by this project during the reporting period: _____

C. Please indicate the profession(s) of personnel receiving the training: (Please check all that apply.)

<input type="checkbox"/> Law enforcement	<input type="checkbox"/> Corrections (probation, parole, jails, prisons)	<input type="checkbox"/> Health care providers
<input type="checkbox"/> Prosecution	<input type="checkbox"/> Private, non-profit victim services	<input type="checkbox"/> Other service providers (e.g., mental health, housing, child protection, other social services, etc.)
<input type="checkbox"/> Courts	<input type="checkbox"/> Public sector victim services	<input type="checkbox"/> Unknown

☐ Other: _____

D. Number of training sessions or presentations conducted in this reporting period: _____

E. Other training activities performed: (Please check all that apply.)

<input type="checkbox"/> New training materials developed
<input type="checkbox"/> Previous training materials revised or expanded
<input type="checkbox"/> New training methods used (e.g., training broadcast by satellite)

☐ Other: _____

19. Performance of SPECIAL UNIT Projects. Subgrants that did NOT support special units may skip to number 20.

A. Were the STOP funds used to: (Please check all that apply.)

<input type="checkbox"/> Create a new unit
<input type="checkbox"/> Support or expand an existing unit
<input type="checkbox"/> Support specialized functions for one or more members of agencies too small to justify a special unit

<input type="checkbox"/> Other: _____
<p>B. Identify where the unit or function is administratively located: (Please check all that apply.)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Law enforcement</div> <div style="width: 33%;"><input type="checkbox"/> Corrections (probation, parole, jails, prisons)</div> <div style="width: 33%;"><input type="checkbox"/> Health care providers</div> <div style="width: 33%;"><input type="checkbox"/> Prosecution</div> <div style="width: 33%;"><input type="checkbox"/> Private, non-profit victim services</div> <div style="width: 33%;"><input type="checkbox"/> Other service providers (e.g., mental health, housing, child protection, other social services, etc.)</div> <div style="width: 33%;"><input type="checkbox"/> Courts</div> <div style="width: 33%;"><input type="checkbox"/> Public sector victim services</div> </div> <p><input type="checkbox"/> Other: _____</p>
<p>C. Report how many personnel of each type staffed the special unit or function at the end of the reporting period, in full-time equivalents, regardless of funding source (STOP or another source):</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">_____ Law enforcement</div> <div style="width: 33%;">_____ Corrections</div> <div style="width: 33%;">_____ Health care providers</div> <div style="width: 33%;">_____ Prosecution</div> <div style="width: 33%;">_____ Private, non-profit victim services</div> <div style="width: 33%;">_____ Other service providers</div> <div style="width: 33%;">_____ Courts</div> <div style="width: 33%;">_____ Public sector victim services</div> </div> <p>_____ Other: _____</p>
<p>D. Of these personnel, identify the number supported by STOP funds, in full-time equivalents:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">_____ Law enforcement</div> <div style="width: 33%;">_____ Corrections</div> <div style="width: 33%;">_____ Health care providers</div> <div style="width: 33%;">_____ Prosecution</div> <div style="width: 33%;">_____ Private, non-profit victim services</div> <div style="width: 33%;">_____ Other service providers</div> <div style="width: 33%;">_____ Courts</div> <div style="width: 33%;">_____ Public sector victim services</div> </div> <p>_____ Other: _____</p>
<p>20. Performance of POLICY Projects. Subgrants that did NOT address policy, procedure, protocol, administrative order, or service development may skip to number 21.</p>
<p>A. Policy development activities during the reporting period: (Please check all that apply.)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> A new policy, procedure, protocol, administrative order, or service was (is being) developed</div> <div style="width: 33%;"><input type="checkbox"/> A previous policy, procedure, protocol, administrative order, or service was (is being) revised or expanded</div> </div> <p><input type="checkbox"/> Other: _____</p>
<p>B. Identify what types of agencies were involved in the development or revision of the policy, etc.: (Please check all that apply.)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Law enforcement</div> <div style="width: 33%;"><input type="checkbox"/> Corrections (probation, parole, jails, prisons)</div> <div style="width: 33%;"><input type="checkbox"/> Health care providers</div> <div style="width: 33%;"><input type="checkbox"/> Prosecution</div> <div style="width: 33%;"><input type="checkbox"/> Private, non-profit victim services</div> <div style="width: 33%;"><input type="checkbox"/> Other service providers (e.g., mental health, housing, child protection, other social services, etc.)</div> <div style="width: 33%;"><input type="checkbox"/> Courts</div> <div style="width: 33%;"><input type="checkbox"/> Public sector victim services</div> </div> <p><input type="checkbox"/> Other: _____</p>
<p>C. How did the agencies that developed or revised the policy, etc. promote its adoption and implementation? (Please check all that apply.)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Enlisted the support of top management for the policy, etc. development or revision effort</div> <div style="width: 33%;"><input type="checkbox"/> Formalized the policy in writing and obtained the official endorsement of the agency head</div> <div style="width: 33%;"><input type="checkbox"/> Worked with other community agencies in the policy development or revision effort</div> <div style="width: 33%;"><input type="checkbox"/> Provided or facilitated staff training on the policy, etc.</div> <div style="width: 33%;"><input type="checkbox"/> Publicized the policy, etc. by sending copies of it to other agencies</div> <div style="width: 33%;"><input type="checkbox"/> Effectuated changes in state, local, or tribal laws to support the policy</div> </div> <p><input type="checkbox"/> Other: _____</p>
<p>D. For law enforcement policies, procedures, protocols, administrative orders, or services, what subject area(s) do they address? (Please check all that apply.)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Training standards and requirements, including roll call, in-service, and academy training for officers and other personnel.</div> <div style="width: 33%;"><input type="checkbox"/> How to enforce applicable laws, including arrest authority and decision making skills on the scene (including determining the primary aggressor and avoiding dual arrest), removing weapons, enforcing orders of protection, and checking records for prior incidents and warrants.</div> <div style="width: 33%;"><input type="checkbox"/> Collection of evidence by photographing injuries, identifying and interviewing secondary witnesses such as neighbors, etc.</div> <div style="width: 33%;"><input type="checkbox"/> Procedures to promote officer safety.</div> <div style="width: 33%;"><input type="checkbox"/> How to serve victims and witnesses better, including notifying victims of their rights, available services, and progress on their case; working with victim services personnel; and protecting children on the scene.</div> <div style="width: 33%;"><input type="checkbox"/> What to do when an officer is involved in domestic violence, sexual assault, or stalking, including any special procedures such as calling a supervisor to the scene and follow-up contacts.</div> <div style="width: 33%;"><input type="checkbox"/> Issues of cultural competence, such as norms and values of minority populations law enforcement serves and barriers to full service in traditional law enforcement responses.</div> </div>

☐ Other: _____

E. For **prosecution** policies, procedures, protocols, administrative orders, or services, what subject area(s) do they address? (Please check all that apply.)

- ☐ Aggressive prosecution, including how to prosecute cases vigorously, pro-prosecution policies, charging and plea bargaining practices, and prosecuting without the victim testimony.
- ☐ How to structure prosecution offices and manage caseloads, including vertical prosecution, special domestic violence and/or sexual assault units, coordinated case management techniques, and case tracking systems.
- ☐ How special court structures work, such as family courts or specialized domestic violence courts.
- ☐ How to serve victims and witnesses better, including role of victim/witness staff.
- ☐ Issues of cultural competence, such as norms and values of minority populations prosecutors serve and barriers to full service in traditional prosecutorial responses.

☐ Other: _____

F. For **other agencies**= policies, procedures, protocols, administrative orders, or services, please check the type of agency and briefly describe what subject area(s) they address: (Please check all that apply.)

☐ Courts: _____

☐ Corrections: _____

☐ Private victim services: _____

☐ Public victim services: _____

☐ Health care: _____

☐ Other social services: _____

☐ Other: _____

21. Performance of DATA COLLECTION/COMMUNICATIONS Projects. Subgrants that did NOT support data collection/communications may skip to number 22.

A. What type of data/communication system did the subgrant support during this reporting period? (Please check all that apply.)

- ☐ Sex offender registry
- ☐ Victim notification system
- ☐ Case tracking or record-keeping system
- ☐ Protection/restraining order tracking system
- ☐ Forms development or standardization
- ☐ Criminal history information
- ☐ 911 calls
- ☐ Hotline calls

☐ Other: _____

B. What types of agencies were involved in the development of the data/communication system? (Please check all that apply.)

- ☐ Law enforcement
- ☐ Prosecution
- ☐ Courts
- ☐ Corrections (probation, parole, jails, prisons)
- ☐ Private, non-profit victim services
- ☐ Public sector victim services
- ☐ Health care providers
- ☐ Other service providers (e.g., mental health, housing, child protection, other social services, etc.)

☐ Other: _____

C. What type of agency has primary responsibility for maintaining the data/communication system? (Please check **only one**.)

- ☐ Law enforcement
- ☐ Prosecution
- ☐ Courts
- ☐ Corrections (probation, parole, jails, prisons)
- ☐ Private, non-profit victim services
- ☐ Public sector victim services
- ☐ Health care providers
- ☐ Other service providers (e.g., mental health, housing, child protection, other social services, etc.)

☐ Other: _____

D. What other agencies use or access the system? (Please check all that apply.)

- ☐ Law enforcement
- ☐ Prosecution
- ☐ Courts
- ☐ Not applicable -- only one agency uses the system
- ☐ Corrections (probation, parole, jails, prisons)
- ☐ Private, non-profit victim services
- ☐ Public sector victim services
- ☐ Health care providers
- ☐ Other service providers (e.g., mental health, housing, child protection, other social services, etc.)

☐ Other: _____

E. Where are the agencies that use the system? (Please check **only one**.)

- ☐ All within the same city, county, community, or tribe
- ☐ Spread across a larger region of the state

- ☐ Spread across the entire state
- ☐ Not applicable -- only one agency uses the system

22. Performance of VICTIM SERVICES Projects. Subgrants that did NOT support victim services may skip to number 23.

A. What type of victim service program did the project provide during this reporting period? (Please check all that apply.)

Direct services to victims:

- | | | |
|---|---|---|
| <input type="checkbox"/> Crisis counseling | <input type="checkbox"/> Crisis hotline counseling | <input type="checkbox"/> Emergency legal advocacy |
| <input type="checkbox"/> Follow-up contact | <input type="checkbox"/> Shelter/safe house | <input type="checkbox"/> Assistance in filing compensation claims |
| <input type="checkbox"/> Therapy | <input type="checkbox"/> Information and referral (in-person) | <input type="checkbox"/> Personal advocacy |
| <input type="checkbox"/> Group treatment/support | <input type="checkbox"/> Criminal justice support/advocacy | <input type="checkbox"/> Telephone contacts |
| <input type="checkbox"/> Emergency financial assistance | | |

☐ Other: _____

Other victim services activities:

- ☐ Systems change advocacy (not related to specific individual victims)
- ☐ Community education
- ☐ Planning, coordination, technical assistance, or training

☐ Other: _____

B. If direct services were provided, did victims receive: (Please check all that apply.)

- ☐ New types of services not previously available to them
- ☐ Improved or enhanced versions of services already available
- ☐ More of the same services already available

C. If direct services were provided, what victims were served during the reporting period? (Please check all that apply.)

- ☐ The same victims already receiving services
- ☐ New victims who would not have been served without this project

23. Performance of STALKING Projects. Subgrants that did NOT support stalking projects may skip to number 24.

A. During the reporting period, did this project: (Please check all that apply.)

- ☐ Provide direct services to the public
- ☐ Provide training, policy development, or other professional support services

☐ Other: _____

B. Did this project address: (Please check all that apply.)

- ☐ Stalking related to domestic violence or sexual assault
- ☐ Other stalking

24. Performance of INDIAN POPULATIONS Projects. Subgrants that did NOT address Indian populations may skip to number 25.

A. During the reporting period, did this project: (Please check all that apply.)

- ☐ Provide direct services to Native Americans on reservations
- ☐ Provide direct services to Native Americans outside reservations
- ☐ Provide training, policy development, or other professional support services

☐ Other: _____

25. Impact Evaluation Data. All subgrants should please indicate whether information on program impact is available.

The performance information you just reported above provides important information on project outputs -- the number and types of personnel trained, policies developed, victims served, and so on. We are also interested in assessing the impact of subgrant projects -- how trained personnel handled cases differently after training, whether new policies or special units produced improved services to victims, how services provided improved victims situations, and so on. In other words, what evidence is there that the ultimate goal or purpose of the project was or is being achieved? How were things before your STOP grant and how are they now? Answers to these questions might come from statistical data, such as changes in arrest or indictment rates after a new policy was implemented or training provided, or more qualitative data, such as victims' responses to a survey or interview on what they thought of the services they received.

Please indicate below whether you have such data already available. If you check A yes you may be contacted and asked to share this information for possible use in the Department of Justice's next annual report to Congress. You are not being asked to generate any additional information, just to identify and share what you already have.

- ☐ Yes, I have data from before the STOP project and also from after it began, which can be compared to document the impact of this project
- ☐ No, I do not have such data